Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

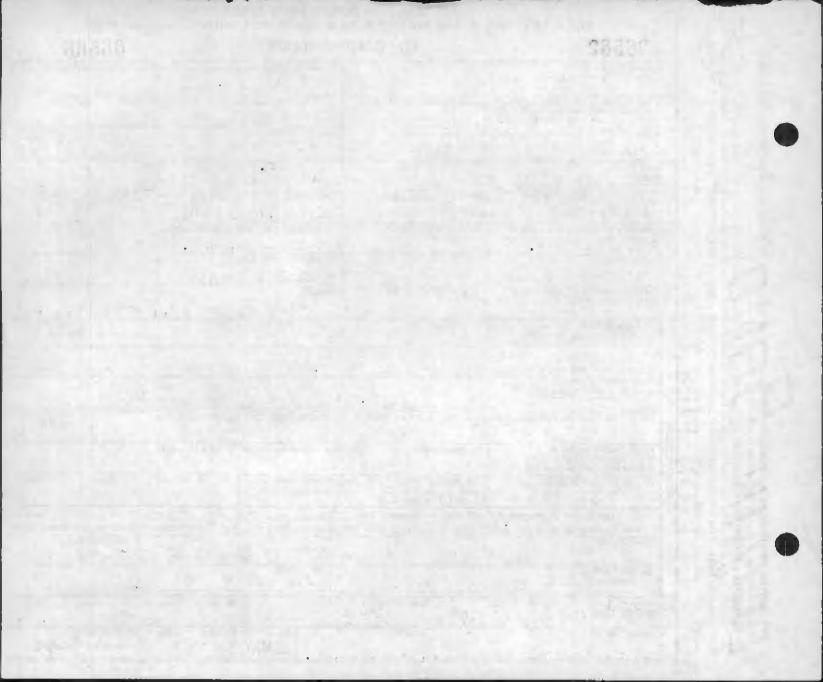
06582 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ). PLACE OF DEATH p. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside carparate limits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn LESTOWN d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE MINION HEIGHTS NO X First Middle DATE Month Doy Year DECEASED 196 (Type or print) DEATH IF LINDER 1 YEAR IE UNDER 24 HRS AGE (In years SEX 7. MARRIED NEVER MARRIED last hirthday) Months July WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if religed) INDUSTRY Doylestown, Penn. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Buckner Matilda Neakle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service Mrs Arthur Binger Jr., La Plata, Ld. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH ARREST IMMEDIATE CAUSE (a) DUE TO OCARDIAL TNEARCTION Conditions, if any, which gave 2 mos rise ta immediate cause (a) DUE TO stoting the underlying cause TERIOSCLEROTIC CARDINASCULAR DISEME WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INIURY OCCURRED (County) Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram. 1967, and that death accurred at 170 M, fram causes and an the date stated above saw the deceased alive an 20 mars 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 1200 BURNAT (SEMATION REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Buria Dovlestown Penn 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR Heliantes

executed within 24 haurs after death. de ve carban papers. Pages 1 event, within 72 haurs after by the filled in I campletely remave and in any and pe lease ATTENDING PHYSICIAN: The faw requires that the death certificate 70 ar remaval, hen attending permit. crematian, signed by the a burial-transit pe burial, crematial attending physician. r this certificate has been si detached far use as the b te Dmpt, af Health priar ta b by the haspital ar be detached for State Dapt, af I TO FUNERAL DIRECTOR: After O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld should be filed with the

VR A15 (4) 20 M 1/66

Arehart Funeral

Home Inc. La



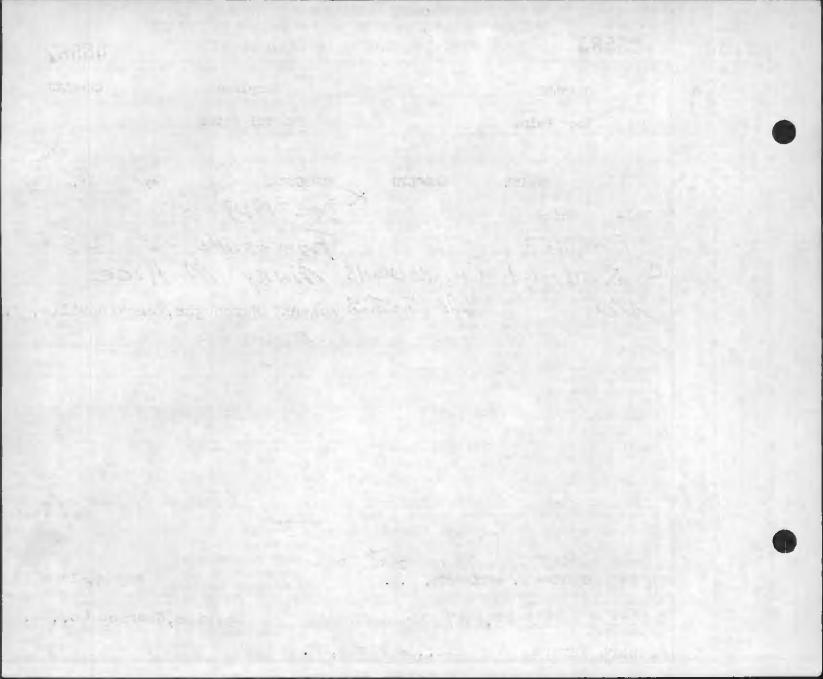
Items 18-21 Film 389 6-1 MARYLANDSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o COUNTY b. COUNTY Page Maryland CHARLES MARYLAND CHARLES b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) in pencil in Item 18. Give Pages 1, 2, and Examiner's Office alang with form PM3. write RURAL and give nearest town) Rock Point Rock Point d STREET ADDRESS a IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office alang with form NO NAME OF Middle 4 DATE Year DECEASED OF DEATH RUDOLPH BURROUGHS May 26, 19 67 DANIEL (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) death DIVORCED WIDOWED Ma1e White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no, acunknown) (If yes give wor or dotes of service event within McKenny Burroughs, Tompkinsville, Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive laceration of liver with hemo-IMMEDIATE CAUSE to: writing the word peritoneum any Conditions, if any, which gove rise to immediate couse (a), .= DUE TO stoting the underlying couse 3 shauld be used WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayol, PERFORMED? Acute ethylism the certificate, YES X 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING Apparently fell from tractor CAUSE OF GEATH MEDICAL (City or town) 20d. INJURY-OCCURRED 2 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month Day, Year foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page While Not While of work Page 1 Rock Point Charles 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection . Inquiry and in my apinion death resulted fram: Natural causes Accident X Suicide ( the funeral director. Hamicide Undetermined manner 5 may be retaine TO FUNERAL DIRE Health prior to b CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER May 26, 1967 EXAMINER'S Charles S. Springate, M.D. Address (Street, city, town, or county) NAME (Type) 230. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Wayside, Charles Co., Md. Burial .1967 Christ Church

DATELLIN

VR A15ME (5)

24. FUNERAL DIRECTOR

Arehart Funeral Home Inc., La Plata, Md.



6-9-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY he State Department of Maryland CHARLES CHARLES c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (If autside corporate limits. C. LENGTH OF STAY IN 16 Dentsville, IS RESIDENCE d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ang with farm La Plata Hospital YES END NAME OF DECEASED 1967 CORNELIUS May S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED X Negro Male 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. B/RTHPLACE (State or foreign country) 10b. KIND OF BUSINESS DR during most of working life, even if retired) COUNTRY? ecute the certificate, writing the word "pending" in pencil in Page 4 shauld be forwarded to the Chief Medical Examiner's Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carrie Neal Joseph Campbel IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give war ar dates of service 217-18-2084 Barbara Ann Johnson, Hughesville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebrocranial injuries IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? cremotion, or removal, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY For CONTRIBUTING Fell down stairs CAUSE OF DEATH 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year may be retained for your FUNERAL DIRECTOR: Page Plata Charles Md. 5 may be retained for 10 FUNERAL DIRECTOR: P Health prior to buriol, cr 21. I certify that I taak charge at the remains described above, held an Autapsy X, Inquiry , and in my apinian Inspection | death resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 8, 1967 Charles S. Springate, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION. REMOVAL (Specify) Bryantown Charles Co., Md. St. Mary 's Cemetery Bryan
ADDRESS 250, RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M. 1/67 Arehart Funeral Home Inc., La Plata, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18-21 Film 389

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	Division of STATISTIC	AL RESEARCH AND RECORDS,	, 301 W. PRESTON STREE	T, BALTIMORE, MARYLAI	ND 21201		
	06585	CERTIFICA	ATE OF DEATH		06569		
3.	PLACE OF DEATH a. COUNTY Charles	MARYLANI	o. STATE	here deceased lived, if institution b. COUNTY	Residence before odmission) Charles		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  La Plata	c. LENGTH OF STAY IN 16	La Pla	ide corporate limits, write RURAL ta	and give nearest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in Physicians Memorial		d. STREET ADDRESS  Stage Coach	Rd, St Rt # 3	ON A FARM? YES NO X		
L		Middle  ynn E.  . MARRIED X NEVER MARRIED	Della  B. Date of Birth		Doy Year  19 67  FUNDER I YEAR   IF UNDER 24 HRS. Agonths   Doys   Hours   Min.		
dui 13	Male  JUNAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  NOS Indian Head, Mic.  FATHER'S NAME  Edward Della  WAS DECEASED EVER IN U.S. ARMED FORCES?  en no, or unknown) (If yes give wor or dotes of single-		Maryla 14. MOTHER'S MAIDEN N. Sophia R:	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?  Charles		
	1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if ony, which gove rise to immediate cause (a). stoting the underlying couse (b) lost. (c)	hypn neg	College.	to huy lor	INTERVAL BETWEEN ONSET AND DEATH  Geografies		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFICATION							
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.  p.m.  20d. INJURY OCCURRED While of work of wo						
	21. I certify that (I) (this haspital) attended the deceased fram May, 19 (Le, to 1 + May, 1961, that (I) (we) last saw the deceased olive an 1 + May 1967, and that death occurred of 5: A M, from couses and on the date stated above.						
	220. SIGNATURE 224 PHYSICIAN'S NAME (Type) ARTHUR	1dy. MD	M.D. PHYS.	MED. STAFF DIRECTOR DIRECTOR PHYS. D	14 May 67		
	o. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) 5-17-67		y or crematory t Cemetery	23d. LOCATION (City or Town			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter dept. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Funeral Home

ADDRESS

Inc., La Plata, Mo

entsv 250. REC'D BY REGISTRAR

2Sb.

ce Charles, Md. REGISTRAR'S SIGNATURE

MATERIAL CONTRACTOR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08570

06586 P.M.3. Page

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Department of Health or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 Hours after death.

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deloy is

5 may be retained for yaur files.

VR A15ME (5)

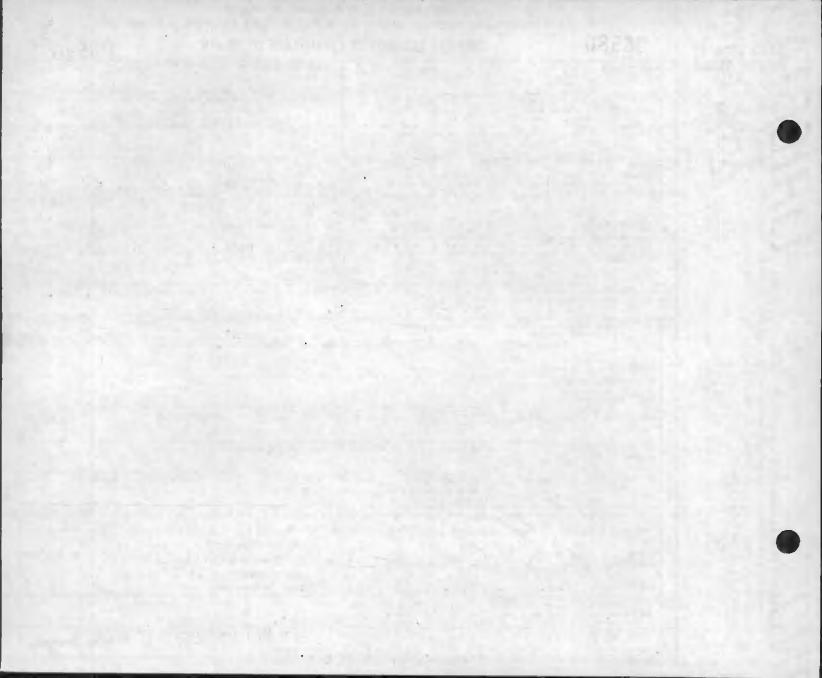
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

This certificate should be executed within 24 haurs after death.

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		PLACE OF DEATH				tion: Residence before admission)		
	Ü	Charles	MARYLAND	o. STATE	vland b.cou	Charles		
	b	o. CITY OR TOWN (If outside corporate limits,	t LENGTH OF STAY IN 16			IRAL and give nearest town)		
		urite RURAL ond give nearest town)  La Plata	D.O.A.	Pisgah	(Bural)	151		
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	Talli Call	e. IS RESIDENCE ON A FARM?		
	19	Physicans Memorial	Hospital			YES NO A		
		NAME OF First	Middle	Last 4	DATE Mon	ith Doy Year		
	(	Type or print) HOWARD MARC	CELLOUS DU	NNINGTON	DEATH 5	d/ 1961		
	5 5	The same with the same and the		B. DATE OF BIRTH	9. AGE (In years part birthday)	Months Days Hours Min.		
	À	Male Negro WIDOWED	DIVORCED _	4/17/1913	54 yes	months Doys (100)3 ( min.		
	10o.	USUAL OCCUPATION (Give kind of work done no must of working life even if refired i red	NOUSTRY N.O.S.	11. BIRTHPLACE (Stote or		12. CITIZEN OF WHATCOUNTRY?		
			7.5.N.U.S.	Pisgah,		U.S.A.		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
		Marcellous Dunningto		Ada Per				
- 1	TYes	c pa neunknown) (If was nive was or dates of convice)		NFORMANT	Allar	ingah , Md.		
	1.0.	s, no or unknown) (If we give wat or dotes of service) 21	8714-3308 M	r. Paul Du	nnington-B	rother		
		18. CAUSE OF OEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.  (c)	Joney a	Extlui.	tie	INTERVAL BETWEEN ONSET AND DEATH		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19 WAS AUTOPSY PERFORMED? YES NO					
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 18,)			
	MEDICAL	Hour o.m. While	INJURY OCCURRED 20e. PLAC e Not While factors	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)		
1		21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection I Inquiry ond in my opinion						
		death resulted frame. Natural causes	Accident , Svici	ide 🔲, Hamicide 🛭	, Undetermined n	nanner 🗌		
		CHIEF MEDICAL EXAMINER						
		SIGNATURE / Loke	Ca	M.D. ASSISTANT MEDICA	L EXAMINER	22. DATE SIGNED		
1	3	EXAMINER'S NAME (Type) Z.J. Edelen.	M.D. La Plat	DEPUTY MEDICAL E		5-276		
1	72.	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To			
	230.	REMOVALISABLIAN 5/24/1967				The state of the s		
1	24	FUNERAL DIRECTOR	ADDRESS	s Cemetery	Y DGDTRAROCK 25b. R	Mary Land		
				1115.11	29 196	Charles Judge		
1	E	Arehart Juneral Home,	Inc La Flat	a , 1-1d . DATE	V	() ()		



Arehart Funeral Lome Inc. La rlata Mo

VR A15ME (5)

6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	36588 CERTIFICAT	E OF DEATH	08572
	PLACE OF DEATH O COUNTY ( ) 2 CES MARYLAND	- CTATE of	eased ived, firstfutor Residence before admission)  and b COUNTY / P ( 7, 2-1.
	b CITY OR TOWN (It autside corporate im ts c LENGTH OF STAY IN 1b write/RURAL and give pearest tokin)	D /Li	arate limits, write RURAL and give nearest fawn)
	AAME OF HOSPITAL OR ***STATUTHON (If not in hospita, give street oddress)	53 U. ST Uz	iversity Play. YES NO NO
100	3 NAME OF PECEASED (Type or pant) Ahne Mattheus		TH May 24 1967
1	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BYRTH Sept. 4, 1912	9 AGE (In years   1F UNDER 1 YEAR   IF UNDER 24 HRS   lost bythday)   Months   Doys   Hours   Min
	100 JSLAL OCCUPATION (Give kind of work done dyfind most of working life eyeq if retired)  1. 4. 5119 5-489 VISON NE dic 2 C	La Plata	r fore gricountry) 12 CTIZEN OF WHAT COUNTRY2
	F. Brecke Matthewis		usine Jones,
	15 WAS DICEASED EVER IN U.S. ARMED FORCES? (Yes, no. of prkgown) (If yes give wor or dates of service)  16 SOC AL SECURITY NO 17  17  18 SOC AL SECURITY NO 17	imothy J. H	ooper any 3 3 44 Plany
	18. CAUSE OF DEATH (Enter only one couse per limit for (o), (b), and (c)) PART   DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Pentonti	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove (b) (b)	6s centing 6	lon, dostructi. I WEEK.
	storing the underlying couse (c) Sidmon	CARCINDUA	/ In the strongs
	PART I OTHER SIGN-FICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200 ACCIDENT WAS JACREVING II 205 DESCRIBE HOW INJURY OCCURRED  THE FITHER NOTIFY MEDICAL EXAMINERY  201 ACCIDENT WAS JACREVING IN THE STANDARD OF THE STANDARD O	S & BRUH	PERFORMEDY YES NO F
	Hour o.m. 19 While Not While p.m. 19 of work of work	LACE OF INJURY (Home, form, 20 octory, street, office bldg , etc.)	(City or town) (County) (State)
	21   Certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 1, and the	at death accurred at Little	ta_5() / (1) (we) last M, fram couses and an the date stated abave.
		MD PHYS DIRECTOR	STAFF D
,	NAME (Type) HRTUPO M. MONTEIRO 230 BURIA, CREMATION, 230 DATE THEREOF 234 NAME OF CEMETERY OF	J.O. BOX 8.	OCATION (City, or Town) (County) (Stote)
-	RAMOVAL (Specify) ( 5/2 7/66 5+. +6-1)	27/CES BY REG	( H(ton chas, 11th
	The Hunt Therinal Home, Mucholy	DATIMAY 3 ]	1967 je arez jingen

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transport director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages—and 2 should be filed with the State Dept of Heo th prior to buria, cremation, or removal, and in only event, within 72 hours after death. VR A15 (4) 20 M 1/66

executed within 24 hours after-death.

ATTENBING PHYBICE: The tow requires that the death certificate

TO MOSPITAL OR ATTINMING PHYNIC. The tow requires the Page 4 may be retained by the hospital or ottending physician



CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived functifution Residence before admission) p. COUNTY MARYLAND c LENGTH OF STAY IN TO c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and a ve nearest town CHIRLETTC e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (1 ngt in haspital, give street address) YES NO 🔀 NAME OF DECEASED camplet nave can IF UNDER 1 YEAR IF UNDER 24 HRS S SEX AGE (In year remaye last hirthday Months QUY 12 C TIZEN OF WHAT 10b KIND OF BUS NESS OR during most of warking life, even if retired) physician of edse death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the after burial-transit perm burial, crematian, a 18 CAUSE OF DEATH (Enter any one cause per ne far (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIJE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO far use as the t stating the underlying cause attending has been PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? this certificate betached far us NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year factary, street, affice bldg. etc.) Hour am. Nat While at work at wark TO FUNERAL DIRECTOR: After ed the deceased fram , 1958, to 5 - 16, 1967, that (1) (we) last 6 19 0, and that death accurred at 463 M, fram causes and an the date stated above 21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an \_\_\_5 22b. DATE SIGNED 22g SIGNATUREdirector, page 3 shauld be filed v 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCAT ON (City/or Town) (County) VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0659	0	MED	ICAL EXAMINER'S	CERTIFICATE O	OF DEATH	110	944
	PLACE OF DEATH				2 USUAL RESIDENCE	Where deceased lived it institt		are admission)
	Charle	S		MARYLAND	Marvla	and Cha	rles	
		If outside corporate mil	S	C LENGTH OF STAY IN 16		utside corporate imits, write R	URAL and give near	est tawn)
F	'enwick	M <b>d</b>		5-yrs	Fenwio	k, Md·		
1	d NAME DE HOSP T	AL OR INSTITUTION (If n	ot in hospital g	yve street address)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?
								YES NG
	NAME OF DECEASED 'Type or print)		rst Liam G	eorge Long	Sr.	OF 5-9-	1967	19
	ale	6 CDLDR DR RACE W-US	7 MARRIED WIDOWED	NEVER MARRIED D VORCED	8 DATE OF BIRTH 2-22-19(	9 AGE (n years last b rihday) 58 yrs	Months Days	
10a	. SUAL DCCUPATION	(G ve kind of work dane fe even if retired)		NO OF BUSINESS OR D.C.	Washing	e or fareign country)	12 CT ZFN COUNTRY	OF WHAT
13	FATHERS NAME W11	Liam Long			14 MOTHER'S MAIDEN  Mary E.	NAME Javanaugh		
IS (Ye	WAS DECEASED EVE es, no, or i nk iown) <b>NO</b>	R NUS ARMED FORCES? (If yes g ve wor or dates	of service)	SOC A. SECURTY NO 17 77-18-8185	Mrs.Ruth	Long-Wife	Penwick	Md
	PART DEA	EATH (Enter on y one co TH WAS CAUSED BY IMMEDIATE CAUSE	Cor	onary Occlu	sion Mass	ive		Hedrate
	Conditions, if ony, which gove by Arterio Sclerosis General						Inde	efinite_
	rse to immediate cause (o) stoting the under ring couse (d)    Aging Process					Inde	efinite	
22	PART II OTHER'S GNIF CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)					34	9 WA AUTOPSY PERFORMED?	
AT 0	Bronchial Asthma Chronis						YES NO XX	
CERTIFICAT ON	200 EXTERNAL CA PR MARY I or CO CAUSE DE DEATH		20b DE	SCRIBE HOW INJURY OCCURRE	O (Enter noture of injury in	Port I or Port II of Item 18 )		
MED CAL	20c TIME OF INJI Hour ar	10			LACE OF NJURY (Home for octory street, office bidg etc.		(County)	,Stote)
	21   Certif	21 I certify that I took charge of the remains described above, held an Autopsy, Inspection X inquir X and n my opinion						
	death resul	death resulted from. Natural egus XX, Accident , Suicide , Homicide , Undetermined manner						
	ACTUAL	11 5	-7		CHIEF MEDICA			22 DATE SIGNED
	SIGNATURE	H hand	There	X C-C		DICAL EXAMINER	5	-9-1967
	EXAMINER'S NAME (Type)	James E.	Andres	WS MD		CAL EXAM NER et city, town ar caunty)		
730	BURIAL PREMATO			23c NAME OF CEMETERY O		23d LOCATION (City or 1	own) (Coun	ty) (State)
	REMOVA (Specify	5.12	67	Bempy C		to mount	V. CHAK	LES /11D.
24	FUNERAL DIRECTO	R				D BY REGISTRAR 2Sb	rég Strar's Signat	URE
17	A. 4.	T /1/11/10	1. Lla	ME UBILDO	PENT NIA	Y 1 5 1967 0	Climal o.	udae.

5 may be retained far your files

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2
Heath or its designated agent, prior to burial, cremation, or removal, and in any event VI A15ME (5)

de oy 15 ond 3 to

pages land 2 with the State Department of in any event within-72 haurs after death

necessary, please execute the certificate writing the word pending in pencl in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to the Chief Medical Examiners Office along with form PM3 Page

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours often death. If





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36592 MEDICAL EXAMINER'S CERTIFICATE 2 USUAL RESIDENCE IN dere de eosed aved fanant de Rendente del se drotsvoor PLACE OF DEATH a (OLNIY death ment JTY OR YOWN JENGTH OF STAY IN 'h COLLY OR JOWN write RURAL on 10h elf not in heap tall a ve street addre d STREEL ADDRESS RE DEN Pages O LB YES ofter death 3 NAME OF Midd e DATE DECEASED OF DEATH 1 ypo or pint) UNDER TYPAR S SEX & 6 TULUR OR RACE AGE 7 MARRED NEVER MARRIED lost Li thday) Ma this 1045 W DOWED and 2 event 10b KIND OF BUSINESS OR 12 CT ZEN JE WHAT INDUSTRY during most of working life, even if retired) WILLES NAYAL EATHER NAME penc ! be executed within File (Yes no, or unknown) I(If yes give war or dates of service removal. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (5), 16) and ici PART I. DEATH WAS CALSED BY IMMEDIATE CAUSE (o) ertificate should WOrd motion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse lo t WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NO 200 EXTERNAL CAUSE WAS 2Do DESCR BE HOW NURY OCCURRED (Enter nature of inury in Part or Part II of item 18); prior 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 5 may be retained for your file: O FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20d INJURY OCCURRED 2Dc TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg, etc.) Hour om. While Page of work of work 21 I certify that I taak-charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral director death resulted fram. atural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessory, EXAMINER'S Address (Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION. DATE THEREOF 23d LOCATION (City or Town) Jessop Jessop,

Cemeterv

Wash DC

250 REC'D BY REGISTRAR

M ryland

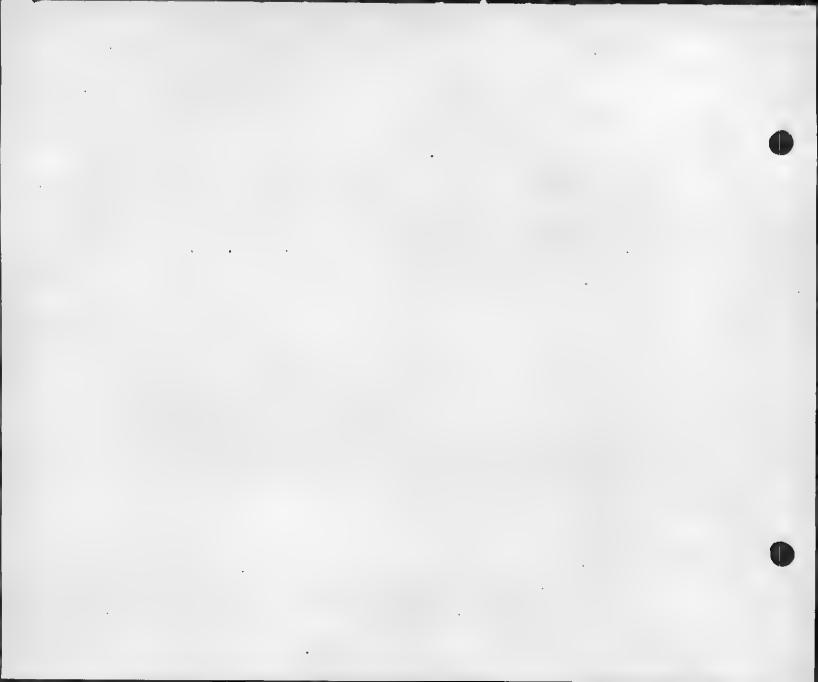
25b REGISTRAR'S SIGNATURE

VR A15ME IS 6M 1/66

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Bros.-1661-Good Hope Rd SE





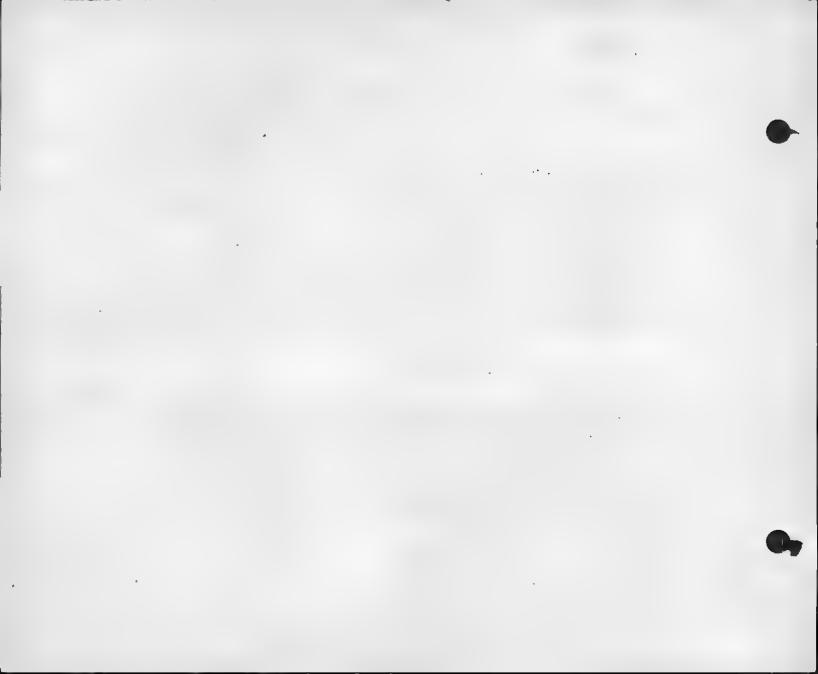
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY after Charles after Marylans Charles
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) the MARYLAND Pages b. CITY OR IDWN (if outside corporate limits, C. LENGTH OF STAY IN 15 papers. Page hin 72 hours a Write RURAL and give nearest town) Bryans Road Md Bryans Road Md Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address; e. IS RESIDENCE ON A FARM? d. STREET ADDRESS eq NO X w.th.r etely NAME DE Year 4. DATE Month irst Middle Last (Type or print) Lacy N.OI ham OF event, Sal DEATH 5-13-1967 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. гетточе 7 MARRIED NEVER MARRIED last birthday) Months Female Days Hours Min. W-IIS and WIDOWED 1-13-1903 64 DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) сіап ease and ir USA Housewi fe ureensboro N.C. phys.c certificate At nome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding E LILI VII. VIVI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ne attend 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, no, or unknown) I (If yes give war or dates of service) rull. V. Oldham-Hu shand transit perm cremation, No . Brvans load aid. 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ial-transi PART I. DEATH WAS CAUSED BY Immediate IMMEDIATE CAUSE (a) \_ Coronary Occlusion gned been s Indefinite Arterio Sclerosis Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as the Indefinite underlying cause last. Aging (C) process PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY for use Health use PERFORMED? NOVEN YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) certi L of MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After p.m. at work at work 12-5-1964 P  $_{-}$  to 5-13-67the 21. I certify that (I) (this hospital) attended the deceased from . 19 ECTOR: 3 should with the and that death occurred at 15 kM, from the causes and on the date stated above. saw the deceased alive SIGNATORE 22b. DATE SIGNED DIR page ATTENDING M.D. 5-14-1967 PHYS. Page 4 may FUNERAL O HOSPITAL director, p THYSICIAN'S 22d. ADDRESS Indian nead md NAME (Type) oames an Head Cocarton (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23a. 0 REMOVAL (Specify) Buria REC'D BY REGISTRAR | 25b. 25a. liances 1967 VR A15 (4) d. ..Jiie, L.1C. -Ld Luta DATE 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE MEDICAL EXAMINER'S HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH
a. COUNTY b. CQUNTY STATE Charles Marvland Charles MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Indian Head Md Depart after-4 Indian Head e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS River View Apts Indian Head Md ON A FARM? State hours NO K 3. NAME OF Year Last DATE DECEASED Elizabeth Ann Patterson DF 5-25-67 (Type or print) DEATH 19 2 with within 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO Months I Days Female Negro WIDOWEO X and event EXAMINER: This certificate should be executed within 24 hours after dea certificate, writing the word "pending" in pencil in Item 18. Give Parould be forwarded to the Chief Medical Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done) 10b. K NO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Indian Head Md USA Laborer pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Milburn John Hawkins File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 578-44-7116 M.Jones -Sister Marv permit. removal Indian Head Md View Apts NoINTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] onset and geath PART I, DEATH WAS CAUSED BY: burial-transit Congestive Heart Failure IMMEDIATE CAUSE (a) Indefinite (b) Malnutrition Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the Indefinite Malignancy-Lower lip with Metastesis underlying cause last. used as to burial PARTIL OTHER SIGNIF CANTCONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)

This patient was operated on at John Hopkins Hosp for 19. WAS AUTOPSY PERFORMEO? e certificate, writing the should be forwarded to the CERTIFICATI NO X Of lin August NST. 1966 INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) the 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri CAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Page or its designated a at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry 36, and in my opinion Undetermined manner death resulted from: Natural causes - Accident Suicide Homicide CHIEF MEDICAL EXAMINER VOUL execute . Page 4 22. DATE SIGNED STGNATURE 5-25-1967 for FUNERAL f Health on DEPUTY MEDICAL EXAMINER TY E. Andrews James retained Address (Street, c'ty, town, or county) Indian Head Md. director. 23C NAME OF CENTETERY OR CREMATORY 23d. CLOCATION (City, town or county) CREMATION, 23b. 0 REC'O BY REGISTRAR REGISTRAR'S SIGNATURE EUNERAL DIRECTOR 25a. 24. VR ALSME (5) & 1/65



FOR STATE HEALTH DEPT.

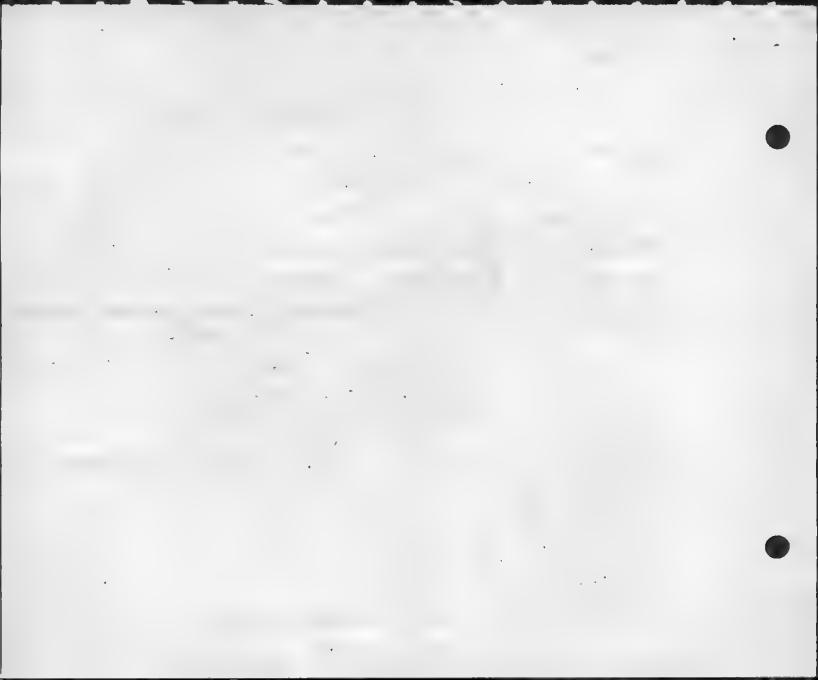
1 %

cessary, funeral and a with the State Department event within 72 hours after death. O DEPUTY MET EXAMINEM This martificate should be executed within 24 hours after death. If any delay please execute a certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 therefor. Page 4 should be forwarded in the Chief Medical Examiner's Office along with Toxin PM3. Page retained for your files. as a barial-transit permit. Fill gages I to burial, cremation, or removal, and in any TO FUNERAL DIRECTOR: Page 3 shours be of Health or its designated agent, prior TO DEPUTY MET VR AISME (5)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	-00596 MEI	DICAL EXAMINER'S	CERTIFICATE OF I	DEATH	11:25:24
1	. PLACE OF DEATH		1 2. USUAL RESIDENCE (Where de	ceased lived, If inst tution:	Residence before admission)
	a. COUNTY	Manual Num	a. STATE	b. CDUNTY	++ A L- 1 6- 5
	b. CITY OR TOWN (If outside corporate I	MARYLAND Ilmits. I c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside con	porete limits, write RUR	AL and give nearest town)
	write RURAL and give nearest town)		Brance	Pann	
-	d. NAME DE HOSPITAL OR INSTITUTION (	(if not in hospital give street address)	d. STREET ADDRESS	NOAD.	e IS RESIDENCE
1	()	,	12-	al 15 6	DN A FARM?
1	HYSICIANS //IC	MORIAL MORE	KI L B	13 T 2 C	YES   NO 🔀
3.	NAME OF First	Middle	Last 4. DATE	Month	Day Year
-	(Type or print) / / / D		EDDEN DEATH		196
3.	6. COLDR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	. AGE (In years   IFUNDE last birthday)   Months	
	233777	WIDOWED DIVORCED	HEB. 23, 1951	/ 7 yrs.	
di	Da. USUAL OCCUPATION (Give kind of work dor uring most of working life, even if retired)	10b. KIND DF BUSINESS DR	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT CDUNTRY?
	STLDENT	HIGH SCHOOL	MASH. I	) (2, 1	15 A -
1	3. FATHER'S NAME	1)	14. MOTHER'S MAIDEN NAME	1 179	5
	SIMMERS E.	KEDDEN	DELLA MI	1. ///c. 6	LIRE .
(	t5. WAS DECEASED EVER IN U.S. ARMED FORC Yes, no, gr unkowy)   (If yes give war or dates of se	ES? 16. SDCIAL SECURITY ND. 17.	INFORMANT	Address	1)
L	1.	215-54-662051	LMMENS KeDT	DEA BRYAI	US KOND, PLD
	18. CAUSE DF DEATH [Enter only one c	ause per line for (a), (b) and (c).1	7	5	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Melen	al Muns	Theon	ONSER AND COMM
	DUE TO		non t	9	2-7-
	Conditions, if any, which (b)	( Crushed	- Chial		10 1-
	gave rise to immediate cause (a), stating the DUE TO	1-1-	221:00	-	67
	underlying cause last. (c)	allet e	acceptant.		1_
NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(	a) 119 WAS AUTDPSY PERFORMED?
CAT					YES NO
I	2Da. EXTERNAL CAUSE WAS	200. DESCRIBE HOW INJURY OCC	URPLED (Enter nuture of Injury In P	art or Part II of Item ?	(8.)
CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	( ) assenger	frent sent	1 cm aut	of prestures
CAL		ar   20d. INJURY OCCURRED   20e. PL	AC OF IN URY (Home, ferm, 205	(City or towh) (C	odnty) (State)
MEGI		While Not While Tact	ory, street, office bidg., etc.)		
2	21. I certify that I took charge o		eld an Autopsy . Inspection	on Inquiry	and in my opinion
	death resulted from: Natural ca		uicide . Homicide .	Undetermined manne	P 4
	6/17	A A	CHIEF MEDICAL EXAMINER		
	ACTUAL SIGNATURE	delen	M.D. ASSISTANT MEDICAL EXAM		22. DATE SIGNED
	6-11-	. 11	DEPUTY MEDICAL EXAMINI	FR F	5.7010
	EXAMINER'S E/ J. EDA	ELEN, LATLATA	2. Maderess (Street, city, town	n, or county)	E 2006/
2:		EREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. U	DCATION (City, town or o	county) (State)
	REMOVAL (Specify) 5-2	67 TRINITY	MEMBIAL VI	41 DEKT	17:3
Ž	4 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGI	ISTRAR   25b. REGISTRA	R'S SIGNATURE
7	HINTT FINERAL	Steine MALDERF	AID DATEAY DE 1	QC7 0 -	an Janglase
1					12 14



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, I institution, Residence before edmission) is necessary, irector, Page your files, partment of a. COUNTY Charles Maryland Charles MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town? Indian Head Md. Pot. Hts 20Yrs Indian Head Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8-Greenwood Blace YES NOTE 3. NAME OF M ddla 4. DATE Month Martin Joseph Schaumburg 5-16-1967 (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. dasi biobday) Months 1-7-1909 Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equality) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New York N.Y. Retired USAF USAF-USA D. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Whate John Schaumburg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17, INFORMANT (Wes no, or unkown) Wygsgiye warordatasafservica) -Greenwood 089-010-499 Wife-Mrs M.J. Schaumburgalong with Indian 18. CAUSE OF DEATH [Enter only one cause per hea for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Myocardial Infarction mmediate Hypertension Conditions, if any, which Indefinite gava rise to immediate cause **DUE TO** (e), stelling the underlying @ Arteriosclerosis Indefinite PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01), 19, WAS AUTOPSY PERFORMED? Overweight NUCTO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I) of itam 18. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., alc.) While Not While et work = at work OR T 21. I certify that I took charge of the remains described above, held en Autopsy Inspection + v Inquiry & y and in my opinion to the certific forwarded to DIRECTO death resulted from: Natural ceuses XX Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTURE. should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINERYTY 5-16-1967 ŏ EXAMINER James E. Andrews NAME (IVE Address (Streat, city, town, or county) please 4 shoul O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or gounty REMOVAL [Specify] VR A15ME 5M 1/63



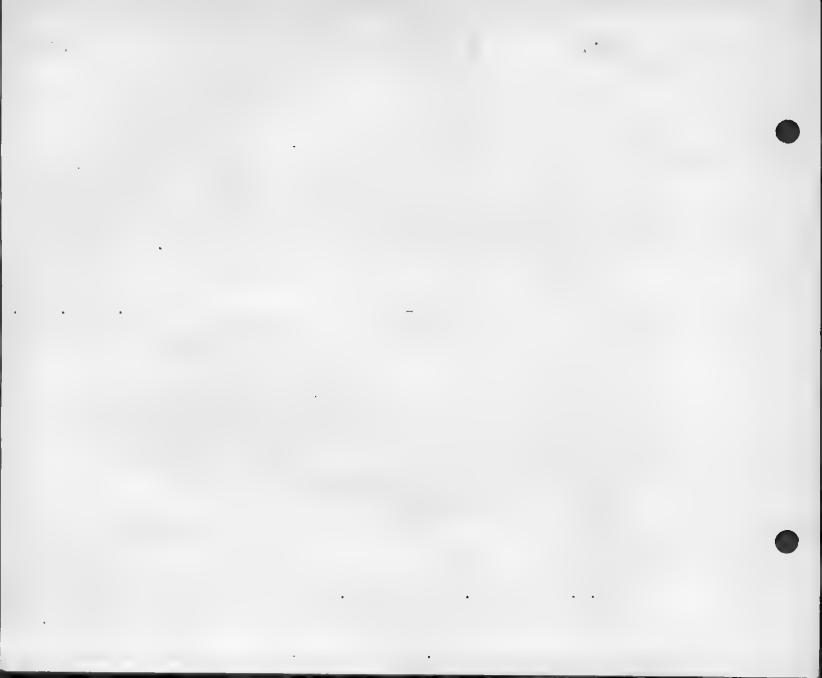
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MARYLAND STATE DEPARTMENT OF HEALTH

DATE JUN

IN A FARM Months 12 TITIZEN OF WHAT 19 WAJA TOPTY PERFORMED? ( in 1) Inquiry . and n my opinion 22. DATE SIGNED



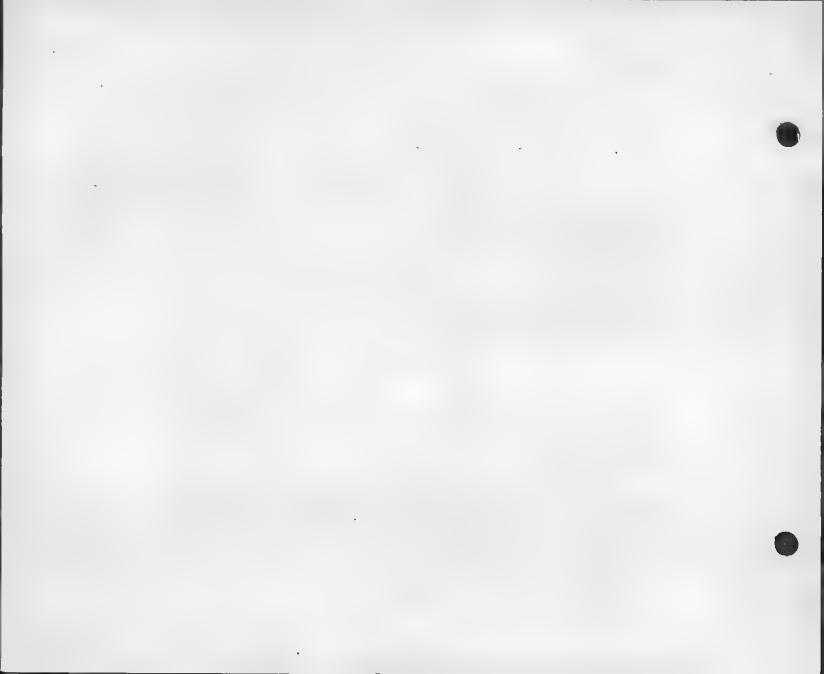
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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00593	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06583
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institution	
	Charles	MARYLAND	o STATE Maryland b cou	Charles
	5 CITY OR IDWN (If autside corporate iumits,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (if autside carparate I mits, write RL	JRAL on live saes es it will
	write RURAL and give nearest town)	aral)	Hughesvible,	
	d NAME OF HOSPITA. DR NSTITUTION (If not in	hasp ta g ve street address)	d STREET ADDRESS	ON A EARM?
				YES A NO
	NAME OF DECEASED Type of print) ABRAHAM	TSAAC SM	ALLWOOD DEATH MOR	Day Year
5		MARRIED NEVER MARR ED 19	8 DATE OF BRITH 9 AGE SE VEC S	I' UNDER I YEAR   IF UNDER 24 HRS
	DY S	VIDDWED DIVDRCED	April 9,1910 56 birthday)	Mc ths Day, Hours Mr
i.c	"SUA OCCUPATION , 3 ve kind of work done	10b KIND OF BUSINESS OR	11 B RTHPLACE (State or fareign (cuntry)	12 - Y ZEN OF WHAT
uoi	ing most of working te even if retired;	rarian_	rrince lear ats to	
13	FATHER S NAME		14 MOTHER'S MAIDEN NAME	
	George A. Small	lwood	Betty Mc Grunder	
	WA DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Add	
110	nc arzinknawn) If yeug ve war ar aates af ser	220-16-9140	r. Arthur Smillwood-	prother-La flat.
	18 CALSE OF DEATH (Enter only one cause p	er tine far (c) (b) and (c)		MIERVAL BELWEEN
	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	CTOUR	ry CECLISSION	5 DN 14 7
	/ · · / DUE TO		1	
	Conditions, if any, which gave ) (b)		Ų	
	rise to immediate cause (a), DUE TO			
	last. (c)			
22	PART I DIHER SIGN FICANT CONDITIONS CONTR	BUT NG TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)	19 WALAUTOPSY PERFORMED?
CERTIFICATION				YES ND
TFE	20g EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 11 of item 18)	
	CAUSE OF DEATH			
MEDICAL	20c TIME OF INJURY Month, Day, Year		CE OF INJURY (Hame, form, 20f (City or town)	(Caunty) (State)
ME	Hour am pm 19	While Not While at work	lary, street, affice bldg., etc.)	
	21 I certify that I took charge of	the remains described above, he	eld an Autopsy   Inspection   Inq	uiry and in my opinian
	death resulted frame. Natural co	uses 7. Accident 7. Suid	ide . Hamicide . Undetermined n	nanner
	1/1/-	1 0	CHIEF MEDICAL EXAMINER	_
	ACTUAL SIGNATURE	eken	M.D. ASSISTANT MEDICAL EXAMINER	22 DATE SIGNED
	EXAMINER'S NAME (Type)	FSFIFA	Address (Street, city, town or county)	5-15,67
230	BURIAL CREMATION, 23b DATE THEREO	F 23c NAME OF CEMETERY DR	CREMATORY 23d LOCATION City or Te	own) (County) (Stafe,
	REMBYAL (SOLUTE) 1 5/19/1	967 John wesle	ey Unurch demetery,	nguasco, .d.
24	FUNERAL DIRECTOR	ADDRESS		EGISTRAR'S S'GNATURE
	Arenart functul A	ome,IncLa Plat	a,1.d. DAMAY 19 196/	Marles Judges





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36601 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) 1 PLACE OF DEATH a STATE a COUNTY Charles County Maryland c CITY DR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, write RURAL and a ve nearest tawn) C LENGTH OF STAY IN 16 ard Bel Alton La Plata d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION ( fingt in haspita, give street address) La Plata Hospital NAME OF 4 DATE DECEASED 67 Tolson Clinton (Type or print) DEATH TE COLOR OR RALE 7 MARRIED SK NEVER MARRIED 8 DATE OF BIRTH 9 AGE 'in year. last birthaay) Negro : "IT ZEN DE WHAT 3 TICUAL GOTUPATION Give kind of work done 10b KIND OF BUSINESS DR PLASTRY C.NIRY? c : a most of w ricing the even if retired) 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME GECRGE WAS DE EASED EVER IN . S ARMED FORCES? '6 SOCIAL SECURITY NO 17 INFORMANT (Yes 10, as inknow) If yes give war at dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH event 1 PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral injury and subdural hematoma Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FLANT COND TONS CONTRIBUTING TO DEATH BY I NOT REPATED TO THE TERMINA, DISEASE CONDITION OF WEN IN PART 20g EXTERNAL CAUSE WAS PRIMARY LEG ONTRIBUTING [ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) Driver of auto- auto-tractor trailer collision CAUSE OF DEATH 20e PAJOFIN JRY come from 1 20t (City others 4:40 P. 5 15 196 factory, street, affice bldg , etc.) While \_\_\_\_ Ngt While La Plata, Charles, Maryland at work at work 21. I certify that took charge of the remains described above, held an Autopsy 🗷 Inspection . Inquity . one in my opinion moy be retained far FUNERAL DIRECTOR: Suicide 🗍 Homicide [ deoth resulted from. Notural couses Accident X Undetermined monner CHIEF MEDICAL EXAMINER 22 DATE SIGNED AS ISTANT MEDICAL EXAM NER X funera' ( DEP TY MEDICAL EXAMINER Werner U. Spitz, M.D. Address (Street city town or ounty) NAME (vo.) 23b DATE THEREDE 235 NAME OF 'EMETERY OR CREMATORY 23d LDCAT DN (CT / 1w . SUR AL TREMATION. EL HLTON, CHARLES, MD. VR A15ME (5) 6M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the bural-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept of Health prior to buriol, crematian, ar removal, and in any event-twithin 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66 L

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

26602	CERTIFICATE	OF DEATH		06586				
1 PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (V	Where deceased lived, if institution Re	esidence hefore admission)				
Charles	MARYLAND	a. STATE						
b CTY OR TOWN (if autside carporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY N 16	CCITY OR TOWN (If ou	tside carparote - m.ts, write RURAL an	d give nearest town)				
La Plata		Hughesvi	.lle					
d NAME OF HOSPITAL OR INSTITUTION (finat in hospital, g	jive street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
Physicians Memorial Hospi	tal			YES NO				
3 NAME OF Frst	M dd e	Last	4 DATE Manth	Day Year				
(Type or print)  Baby "A"	Ma	shington.	DEATH May 17	19 67				
S SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED X	B DATE OF BIRTH	9 AGE (n years IF U	NDER I YEAR   IF UNDER 24 HRS				
Fomolo Noone WIDOWED			7 lost b rthdoy) Man					
remare Negro	ND OF BUSINESS OR	May 17, 196	& State, or foreign country)	1 12 45 12 C TIZEN OF WHAT				
	DUSTRY		,,	COUNTRY?				
The state of the s		Charles	County, Md.					
13 FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME					
Joseph Bernard Middleton	. Jr.	Barbara	Delores Washingt	່ ຕກ				
		NFORMANT	Address					
No	M	other	Hughesville	W.J.				
18 CAUSE OF DEATH (Enter only one couse per I ne for		OLUEI	anglies VIII -	INTERVAL BETWEEN				
Dina permitties er ern nu	y	P. 01-		ONSET AND DEATH				
	aspirato 1	ex xapm		34-				
Conditions form which gove 1	Vannach of							
Canditions, flony which gave (b) (b)	/ ameei are	7						
stating the underlying couse DUE TO								
lost. (c)								
PART II OTHER S GNIFICANT CONDITIONS COME BUT NG TO	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COM	VDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO P				
E 200 ACCIDENT WAS UNDERLYING ☐ 20b DE	SCR BE HOW INJURY OCCURRED	(Enter nature of injury in	Part as Part Lafitem 18)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	NJURY OCCURRED 20e PLAT	CE OF INJJRY (Home, form	20f (City ar town)	(County) (State)				
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m While of work	Nat While foct	ory, street, office bldg., etc.)	1 1 (2 ) 3. 3,	(2007)				
21 Certify that (I) (this haspital) attend	ded the deceased from_/	May.	961, to 17119,					
saw the deceased alive an 17Ma	1967, and tha	t death accurred at		an the date stated above				
220. SIGNATURE	220. SIGNATURE  MED STAFF 220. DATE SIGNED  MED DIRECTOR PHYS DIRECTOR P							
(72c PHYSICIAN'S	12 112 111	D PHYS. L	DIRECTOR L PHYS. L /	5 101009 (01				
NAME (Type)	/			,				
230 BURIAL CREMATION, 23b DATE THEREOF	1 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)				
DEMOVA (Spor ful		s Ch. J.						
24 FUNERA DIRECTOR	ADDRESS			AR'S SIGNATURE				
		NAA'		well ander				
Entell Adams Asua	Jeo, Marylin	DATE DATE	. M # 1951 1 3	The state of the s				



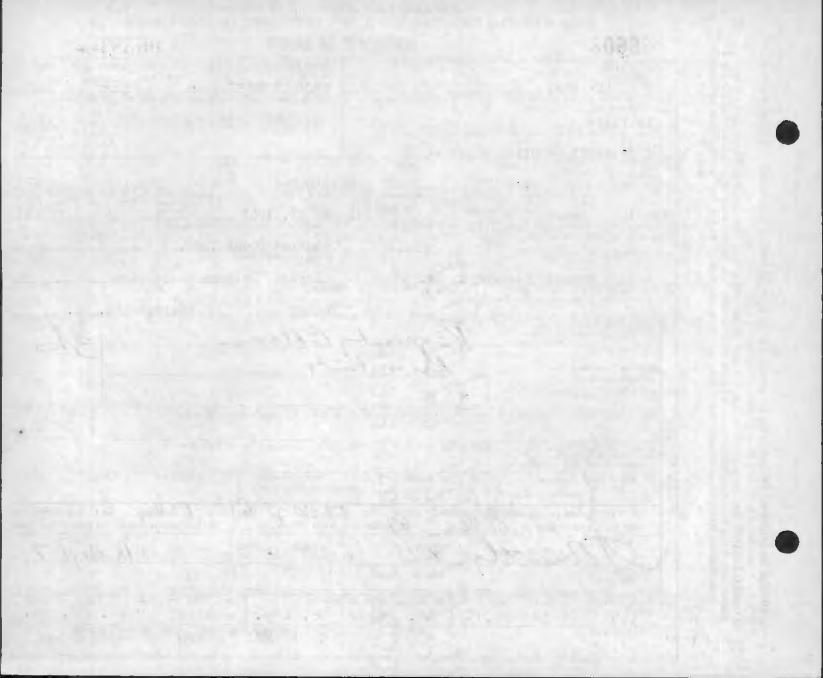
## M)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96603		CERTIFICA	TE OF DEATH	1)65	87		
1. PLACE OF DEATH d. COUNTY Charles		MARYLAND	2. USUAL RESIDENCE ( G. STATE Hughesvi	Where deceosed lived, if institution: Re 11e Md. Cha	sidence before odmission)		
b. CITY OR TOWN (If autside carparat write RURAL and give nearest tow La Plata		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION			d STREET ADDRESS		e, IS RESIDENCE ON A FARM?		
Physicians Memo					YES NO		
3. NAME OF DECEASED (Type or print)	aby "B"	Middle	lost Washington	4. DATE Month OF DEATH May 1			
S. SEX 6. COLOR OR RA	CE 7. MARRIED [ WIDOWED [	NEVER MARRIED X	B. DATE OF BIRTH May 17, 19	lost birthdoy) Mont	IDER 1 YEAR   IF UNDER 24 HRS. Hours   Min. 13   10		
100. USUAL OCCUPATION (Give kind of worduring most of working life, even if retired)		O OF BUSINESS OR USTRY	11. BIRTHPLACE (County	& State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	ounty, Md.			
Joseph Bernard  15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown)   (If yes give wor ar	RCES? 16. SC		Barbara INFORMANT	Delores Washingto	n		
(1es, no, or unknown) (it yes give wor di	doles di selvice)		Mother	Hughesvil	le. Md.		
Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO (c)	Premat	my		3/45		
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINE)	Н	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 1B.)			
20c. TIME OF INJURY Month, Day, Hour a.m. p.m.	Yeor 20d. INJ While at work		PLACE OF INJURY (Hame, for actory, street, affice bidg., etc		(Caunty) (Stote)		
saw the deceased olive	21. I certify that (I) (this hospital) attended the deceased from 1/1/2, to 1/1/2, to 1/1/2, that (I) (we) last saw the deceased olive an 1/1/2, and the deceased object. M, fram couses and an the date stated object.						
220. SIGNATURE PASS ( 22c. PHYSICIAN'S NAME (Type)	dd.	MD	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. 122	8 May 67		
Burial Ma	ate thereof y 19,196		rs Ch. Cem.				
24. FUNERAL DIRECTOR  Martell Adams	Aquas	ADDRESS	250. <b>R</b> 19	Pyby 254 TRAP 967 25b. REGISTRA	R'S SIGNATURE		

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICEN: The law mequires that the death mertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove varion, dapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
06604	CERTIFICATE OF DEATH	
00004	OUNTING OF PERCENT	08588_

8. COUNTY	2-1-2	USUAL RESIDENCE (Where de		sidence before admission)
Charles	MARYLAND	a, STATE marylar	b. COUNTY Ch	arles
		. CITY OR TOWN (If outside cor		Actual and the last
La Plata		Larbur	V	1/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	I. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
V	spital			YES NO X
3. NAME DF First DECEASED (Type or print)	Middle We	Last 4. DATE OF OFATI	Month	Day Year
5. SEX   6. COLOR OR RACE   7. MARRIED   A. NE	VED MADDIED 1 8.		AGE (In years   IF UNDER 1	YEAR II FUNDER 4 HRS.
A MARKED EL INC	ACK MAKKIED	3 48 4800		Days Hours   Min.
Female White WIDOWED 10a USUAL OCCUPATION (Give kind of workdone 10b. KIND OF		eb. 18,1893	/4 yrs.	IZEN OF WHAT
during most of working life, even if retired)   INDUSTR	Υ , ,	h T	COL	JNTRY?
_ House wife   At		Nanjemoy,	Md. U	.S.A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME		
Morgan L. Monroe		Maggie Cox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (1f yes give war or dates of service)	SECURITY NO.   17. IN	FORMANT	Address	
	s. Mr	. Benjamin We	ch-Husband	-warbury.
18. CAUSE OF DEATH [Enter only one cause per line for	13 41 1 de 2			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 1421	O DLAS	stic Leo	Kem; A	ONSES AND DEATH
DUE TO				
Conditions, If any, which ) (b)				
gave rise to immediate				
vada-bila entre lest				
(6)	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
FICAT				PERFORMED? YES NO X
20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRI	ED. (Enter nature of Injury in P	art I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY (	OCCURRED 120e PLACE	OF INJURY (Home, farm,   20f.	(City or town) (Coun	ty) (State)
Hour a.m. While - No	t While factory,	street, office bldg., etc.)	(411)	.,,
21. I certify that (1) (this hospital) attended the	deceased from	. 9.70 to	5-22180	2. that (I) (we) last
saw the deceased alive on 5-2/	1962 / and that de	eath occurred at 50% fr	om the causes and on the	e date stated above.
22a. SIGNATURE	1	-101		TE SIGNED
1.X6 delen	- M.D.	ATTENDING MED.	STAFF D 5/2	2/1967
22c. PHYSICIAN'S	1	22d. ADDRESS		
NAME (Type) E.J. Edelen, M.D.		La Plata	. 200.	
	NAME OF CEMETERY OR	CREMATORY   23d. LO	OCATION (City, town or coun	ity) (State)
REMOVAL (Specify)		s Cemetery		
	ADDRESS	1 25a. REC'D BY REGI		SIGNATURE
	10 01040	MAYON	1967 Milane	0
Arehart Funeral Home, Inc	La Flata	, Md L DATE A 2 9	1001 June	A Lunge

